MARYLAND STATE DEPARTMENT OF HEALTH

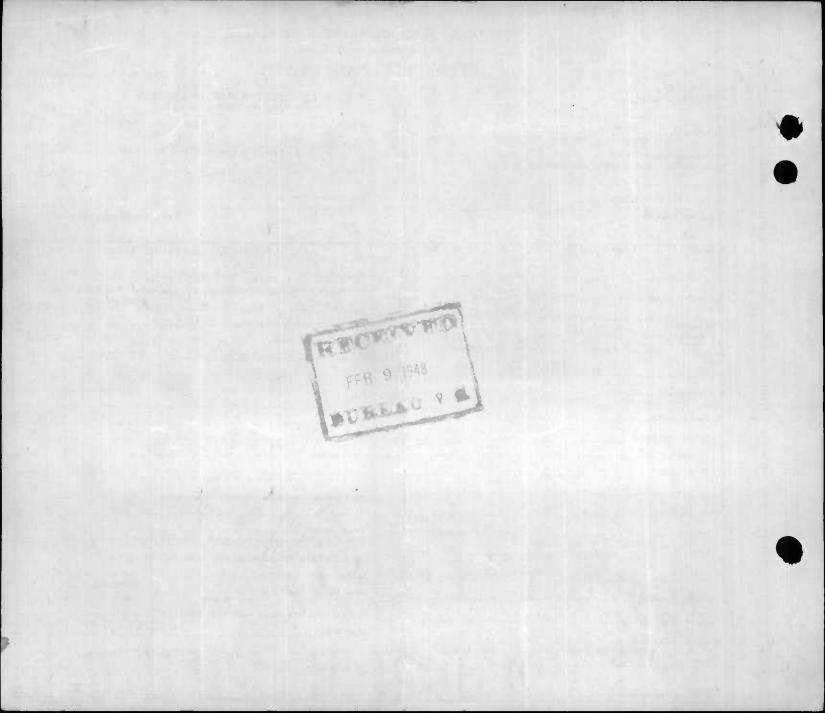
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02164 Reg. Dist. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Workell	(For newborn infants give residence of mother)
	State Maryland. County Works
City or town	City or town Rocco
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
4)	2.(a) If veteran, name war.
How long in hospital or tastitution?	
	3. (b) Social Security Number 218-08-84-87
4. Sex 5. Color or race 6.(a)Single, Married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE OF DEATH Stobusy 5 1548 21/245 PM
and and a	21. I CERTIFY that death occurred on the date above atates, that strended secesared from
6.(b) Name of husband or wife	and the same of th
7. Birth date of 2 18/60	and that I last aaw hammalive on Parks
	Immediais cause of death
8. AGE: Yeara Montha Days If less than one day	Musica delle Mercia Lore
28 79 7 28 hrs	
- G 21) 21 21 Tm	Due to
Z 9. Birthplace (Town, county, and state)	3. Dec a.
Z su 10. Usual occupation. 2 su	Due to.
N. S. 1t. Industry or business	998 (
The Industry or business 11. Industry or business	Other conditions
13. Birthplace Md.	Griet Cauditions
	(Include pregnancy within 3 months of death)
HLIAM 14. Maiden name	Major findings of operations.
I S. Birthplace	Date of op.
16. Information mal for Brismer	Autopsy results.
16. Information of personal Which? 16. Information of personal Which? 17. Buriel Which? Date thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which desth should be charged statistically.
10 Austress 1 Austress 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Bethamp m & Comel	Where did injury occur?
E Dogonale mi	Injured at home, farm, industry, public place (where?)
Location Location	Meana of injury tnjured at work?
18. Funeral directed themself the aless	200-61
Address Pocomohe ma	Les Legicies
3 7 1 7 18 Au & Mit	M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Regist	rar Address La Challe algred 2 17 16 18

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	Nog. Dist. No. management
1. PLACE OF DEATH: Wacster	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Massage County Malcisle
(If outside city or town limits, write RURAL and give nearest town)	" I di di t
w long in above place of death?	City or town
ospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
ow long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Damuel R. Daiser	none
1. Sex 5. Color or race 6.(a) Single, married, widgwed, or different	MEDICAL CERTIFICATION
Mala West married	Shot 11. Ut
March Warren March	20. DATE OF DEATH JULY 19. 41.
B.(b) Name of huaband or wife Acla N. Darsly	21 LEERTIFY that death occurred so the date above stated; that Lattended deceased from
e (a) If allow sine and 570 was	telomary 16 19 48, 10 telomary 16 19 4)
. Sirth date of May 111	and that I last saw hand, alive on I.E
deceased (mo., day, yr.) ///WCA 4 - /4/	Immediate cause of death DURATION
B. AGE: Years Months Daya If less than one day	Coronary Chrombosis Iday
7.3 // /2hrs	
William Chine steamer acromal Missionia.	Oue to
9. Birthplace (Town, sounty, and state)	ove tu
10. Usual occupation Walesmann	
1.1000	Due to
11. Industry or business	
12. Name	Dther conditions.
13. Birthplace AllGinico	(Include pregnancy within 3 months of death)
14. Majden name Whikmown	
17. Marach Benediction	Major findings of operations.
E 15. Birthplace	
16. Informant My Lata 14. Is alleg f	Antopsy results.
Address Shidletico my	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(18/49 COO) 18/49	22. VIOLENCE: It death was due to external causes, fill in the following;
(Bayal, cremation, or removal, Which?) Date thereof (month) (dgy) (year)	Accident, suicide, or homicide.
1 dontout	Where did Injury occur? On toal in Chinesteaged Bay (City or town) (County) (State)
Cemetery or crematory	
Location Shalfelles	Injured at home, farm, Industry, public place (where?)
18 Ennel divine Cellar & Ihrms	Means of Injury exhauster of pareinfured at work? (4/6/48)
18. Funeral director	() ()
Address South Ally	23. SIGNATURE Jane Jack M. De
267/ 148 Po Po Server	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registr	rar Address Date signed 17/4

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02166 Reg. Diat. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Waves www.	(For newborn infants give residence of mother)	
City or lown	Slate	****
How long in above place of death?	(If outside city or town limits, write RURAL and give neureat town)	0000
Hospital, Institution, or street address where death occurred:	Street No.	
	(if rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	****
3. (a) FULL NAME Es Flu Dirichan	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(u)Single, married, widowed, or divorced Surger .	MEDICAL CERTIFICATION 20. DATE DE DEATH. 25 Feb. 19 4 F. 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	لاع
7. Birth date of deceased (mo., day, yr.) Sept. 15, 1850	and that I last saw h.C. alive on 25 File 19.3	r.4.
8. AGE: Years Months Days If less than one day	Immediate cause of leath DURATIDA	N
97 5- 10hrsmin.	Jacoby Constitution of the	• • • • • • • • •
9. Birthplace Perlin Wor Cv. md.	Due to Courty Trusculoric py	*******
(Town, county, and state)	Thompson Sk	2
10. Usual occupation	Due to.	*******
11. Industry or business		
12. Name Discharge 13. Birthplace	Diher conditions	
	(Include pregnancy within 8 months of death)	
14. Maiden name. Ctazalett Forman.	Major findings of operations.	******
15. Birinplace	Date of op	
16. Informani	Autopsy results	•••••
Address (Seeller M)	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Sund Dale thereof 2427/ 48	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) (month) (day) (year)		
Cemetery or crematory.	Where did injury occur?	
Location 3	Injured at home, farm, Industry, public place (where?)	*******
1B. Funeral director. A. A. Burbon	Means of Injury Injured at work?	
Address Buling My 4:	Heamanly Relikes het	
19. 2 27 1948 Nelen F. Hauss (Date rec'd by registrar) Registrar	Address i Bly St. Sealer Sund Date signed 4 Place	y

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RUREAU V. S.

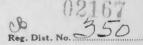
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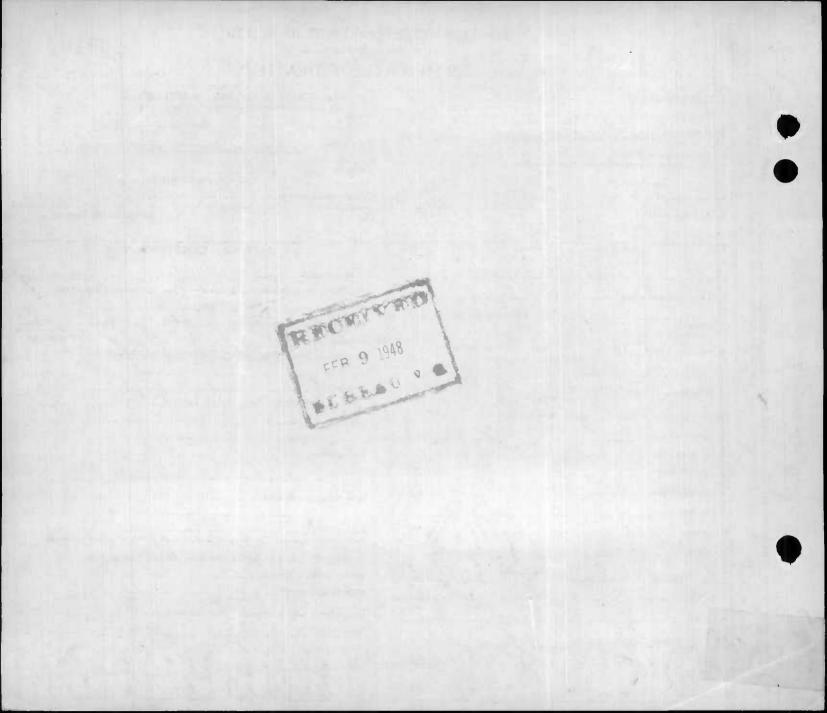
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Charack Buch
City or town(My outside city or town limits, write RURAL agi give nearest town)	
How long in above place of death? 5 Insorth	City or town(If outside city or town limits, write RURAL and give neared town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert Trimes	
4. Sex 5. Cotor or rate 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored widowed	20, DATE DE DEATH TEBENSAY 1 1948 21 10 PM
6.(b) Name of husband or wife Rochard Thimes	21. I CERTIFY that death occurred on the date above stated; Chat I attended deceased from
C (a) Mallina alina ana	19 10 19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) R A.C.F. Years Months Days If less than one day	Immediais cause of the Suration
8. AGE: Years Months Days If less than one day	Sague James James
To herry bas Bucher	
9. Birthplace (Town, county, and state)	Chronic beat dias Soft
10. Usual occupation.	Due to
11, Industry or business	
	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
H 14. Maiden name	Major fiedings of operations
S 15. Birthplace	
(Alixe / howword	Actors results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Rural Focomore 199	22. VIOLENCE: If death was due to external causes, till in the following:
17. Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?] [month] (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Unionalle Cometary	Where did injury occur?
Location Reveal Pocassale mol	Injured at home, farm, industry, public blace (where?)
ul allocated	Msans of injury Injured at work?
18. Funeral director	on III had a
Address tocome the	23. SIGNATULE) 6. STORY OF THE THE SIGNATURE OF THE SIGNA
19. The recid by perjutrary 1944 Church Englistrar	Address Accorded Little 1110 page signed 73/49



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02168 Reg. Diat. No. 35/

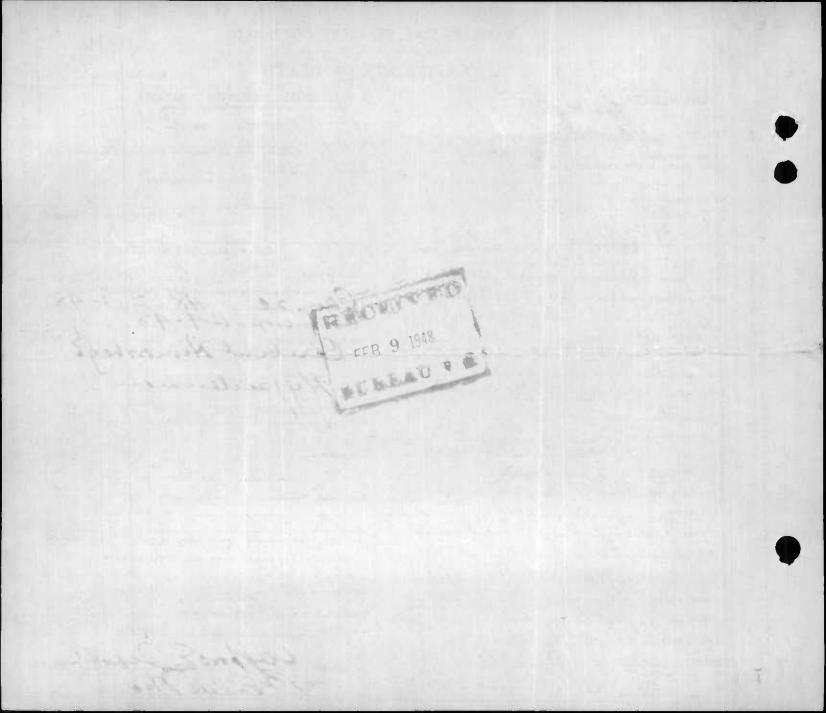
	Nos. Distriction
or town(If or ide city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (Egg newborn infights give residynce of mother) State Of Own County Office County Offic
long in above place of death?	City or lown (If outside city or town limits, write RURAL and give nearest town) Street No.
long In hospital or Institution?	(If rural, give LOCATION)
a) FULL NAME/	3. (b) Social Security Number
William J. Hickman	214-10-6056
ex 5. Color or race 6.4) Single, maried, widowed, or divorced	MEDICAL CERTIFICATION
ale white married	20. DATE OF DEATH Nebruary 4 19.48 at 2120 M
) Name of husband or with laginicu Ma Mickey	Jan 24 148 10 E-4-4810
6.(c) It alive, give age	and that I last saw h. Langilve on 2 4-48
eceased (mo., day, yes) unl 27 - 1998	Immediate Cause of deaths.
AGE: Years Months Days It less than one day	Cereberal Hemorrhogs
49 1111 6 hrs	. mln.
Birthplace Many Mule Municipal My	Due to TV Stribusium
Usuai occupation Tramer	Due to.
Industry or business	JUE 10
12. Name Howard Nichman	Other conditions
13. Birthplace Marshand	(Include pregnancy within 3 months of death)
14. Maiden name Olla Johnsen	(Include pregnancy within a months of death) Major findings of operations.
15. Birthplace Marylandy	Date of op.
Interment M. Wallisislio, M. Mickman	Antopsy results.
Address Mendly, mg 1 0 7/10	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
Bariel, cremation, or remodal, Which?) Date thereof Older (month) day) (year	Bata of
Oh: it	Where did lainty occur?
Cemetery or crematory Manual M	
ocation	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Funeral director of Call Control of Call Contr	
Address Smoth Will My	23. SIGNATURE OLD M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Address Address Address Address

FOR BINDING MARGIN RESERVED

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			2	50
Reg.	Dist.	No.	3	\sim

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH: Worcestey	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death?	Stale Marifacture County Count
Hospital, institution, or street address when death occurred:	Street No
How tong in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Thomas S. Ho	3. (b) Social Security Number
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE OF DEATH Rebussy 21 1848, 21 8 Try
6.(b) Name of husband or wife Missing B. Hope	21. I CERTIFY that death occurred on the date above stated; that I altended decaased from
	10 10
7. Birth date of	and that I last saw a last alive on 19
deceased (mo., day,) Teorie and 1, 1881	Immediate cause of death DURATION
8. AGE: Years Months Days If tess than one day	Mysecial !!
6/0 0 19hrs. min.	alexander 470
arksly (come Virgini	Q Due to
9. Birthplace arkeslif (Town, county, and state)	excercosceroie
10. Usual occupation. Harasura	Due to.
11. Industry or business	
12. Name William Al Appa 13. Birthplace Vinginia	Dther conditions
13. Birthplace Vinginia	
14. Maiden name Margaret J. Masson 15. Birthpiace Diriginia	(Include pregnancy within 3 months of death) Major findings of aperations.
15. Birthpiace Dirginia	Date of op.
om Trai l'a a el late.	Autopsy results.
16. Informacy for Steamer State of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Qual focomotos ma.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Theleson Consisting	Whera did injury occur?
Location Rural Pocomolo mid	tnjured at home, farm, industry, public place (where?)
18. Funeral director Henry Thursdoon	Maena of injury injured at work?
Address Pocofrathe mol.	Congress les
1 701 2/2 1/8 Aug & SHite	23. SIGNATURE. M. D. or other
19. Oate rec'd by registrar) (Date rec'd by registrar) (Puls Registrar)	Address Date signed Thinks

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. BINDING FOR MARGIN RESERVED PLAINLY, WITH UNF. is especially important.

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according to Funeral Director, Do Critcher was so busy he averlooked mailing the certificate,

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MARYLAND STATE DEPARTMENT OF HEALTH 1310

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02170

Reg. Diat. No.,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Con	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where deeth occurred:	
	Streef No
How long in hospital or institution?	2.(a) If veteren, name war.
3. (a) FULL NAME	
S.(a) FOLL NAME	3. (b) Social Security Number
Jeronie washing in	thuson.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white muring	20. DATE DE DEATH February 16 19.48 at 2:30 PM
6,(6) Name of husband or wite Haitty M. Alunn.	21. I CERTIFY that deeth occurred on the data above stated; that Lattender deceased from
y 4-6.	Mul 13 1947 10 tel. 16 1948
7. Birth dafe of	and that I fast saw bear alive on 7.00 - 12 19.49
deceased (mo., day, yr.) 1164 4 1868	Immediate cause of death O DURATION
8. AGE: Yeers Months Deys If less than one day	acute ulmonarycoloma, day
79 7 hrsmin.	Hyper Pensing Pardiorascular
mula mareland.	It tamal disease 5 ms
9. Birihplace (Town, spunty, and state)	Due to
1D. Usual occupation James	
11. Industry or business	Due to
12. Reme	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of south)
# 14. Meiden neme Many Clyclethe Stwell	
15. Birthplace	- Major fiedings of operations.
221 0 110	Deta of op.
18. Informant	Actopsy results.
Address Bulin Mid RIN	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bus 2/19/48	22. VIOLENCE: If deeth was due to external ceuses, fill in the following:
(Burist, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
B. 1 -1 m	
Location	Injured at home, ferm, industry, public place (where?)
18. Funeral director Manager 17 Burthar	Means of injury injured af work?
Address By Comment	1 NO 1 - F. M. AND
21 00 80 0 10	23. SIGNATURE M. D. or other
19. 718T 19 NETay Secret	100011
(Date rec'd by registrar) Registrar	Address Date signed 2



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

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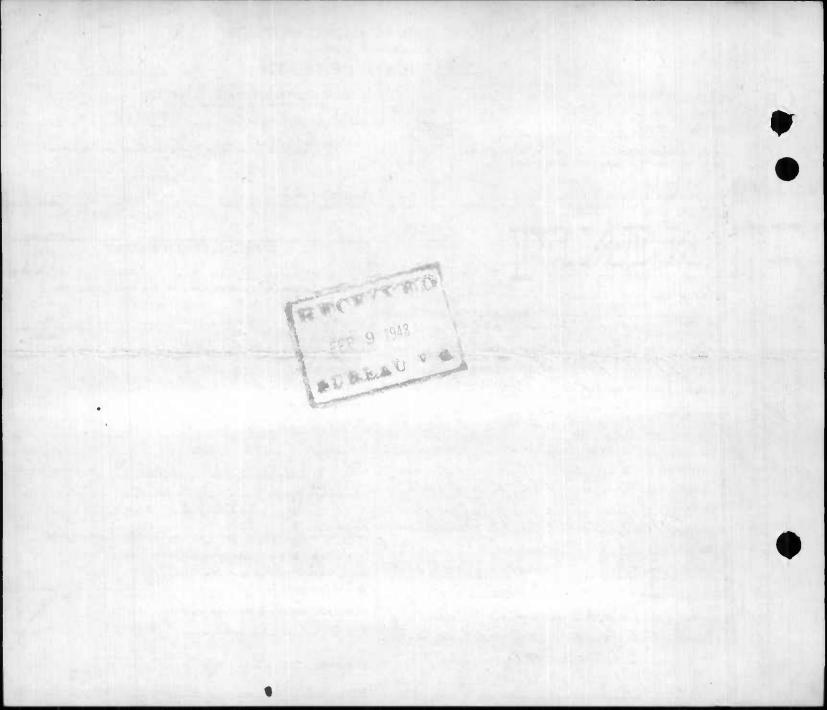
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

Rog. Diat. No. 350

County Workestu	(For newborn infants give residence of mother)
City or town Rangel Paragraphic City or town limits, write RURAL and give nearest town)	State Maryland County Worcester
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	
	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Major J. Jones	
4. Sex 5. Color of race (6/a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	2D. DATE DE DEATH. FELL ST. 1995 21 9 A. M.
8.(b) Name of husband or wife Mary & Joseph	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
6.(b) Name of husband or wife	Jen 20 18/8 10 1-6-4- 11/8
7. Birth date of	and that I last saw h amelive on feet 3
deceased (mo., day, yr.) Ceferrely 9, 1836	Immediate cause of daath DURATION
8. AGE: Years Days If less than one day	Imperation and degroder pro-
91 9 25hrsmi	, , , , , , , , , , , , , , , , , , , ,
9. Birthplace The same of the Workston Time	Due to
10. Usual occupation	Due to.
11. Industry or business	
12 Name Major Wilson Jones	P. Dither conditions
13. Birthplace med.	
	(Include pregnancy within 8 months of death) Major findings of operations
14. Maiden name lugel 15. Birthplace	
Mr. Analas & All de	Date of op.
16. Informant	Antopsy results
Address Riva Pocomobe mo	
17 Berrial Bate theroallebrusay la, 194	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, eremation, or remov). Which?)	Accident, suicide, or homicide
Cemetery or crematory D. Constant	Where did injury occur?
Location of segula clavel de Va	Injured at home, farm, industry, public place (where?)
dela secol letter	Means of Injury Injured at work?
18. Funeral director	7 1 0 -41
Address Pocotrathe Ma	- as significant to the state of the state o
7.1 / 18 Aug & Mit	23. SIGNATURE M. D. or other
19. Co 1940 Cune Co I all	Br Address And Bale signed 2 5 43



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	ATE OF DEATH Reg. Diat. No. 350
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants kive residence of mother) State City or twn (If outstracky or town limits, write BURAL and kive nearly town)
Hospital, institution, or street address where death occurred: How long in hospital or institution?	Street No
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number 2/2-10-2287 MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH 12 February 1948 21 approx 330A
6.(b) Name of husband or wife Mary Arous Flavore 17. Birth date of 12 -1909	and that I last saw h.A.M. alive on
8. AGE: Years Months Days if less than one day 8. AGE: Honding Days if less than one day	Immediai came of death DURATION In. DURATION
9. Birthplace ocomohe Worksto Md (Town, county, and atate) 10. Usual occupation Sandware American	Due to
11. Industry or business 12. Name Delliam Drin So 13. Birthotace Casbury Park M.J.	Other conditions Obesity) Moderate.
14. Maiden name avarna Vairghall 15. Birtholace North Caroline	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informany Mary Wayes Heiner	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Berial (Burial, cremation, or ramoval, Which?) Date thereof Floridary [5-] (month) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Injured at home, farm, industry, public place (where?) Injured at work? Injured at work?
Address acoms the Total	23. SIGNATURE Journan E. Santonius Dr.
19. Ill 19 48 Unne Co Mul	P. b. m.d. 13Feb. 48



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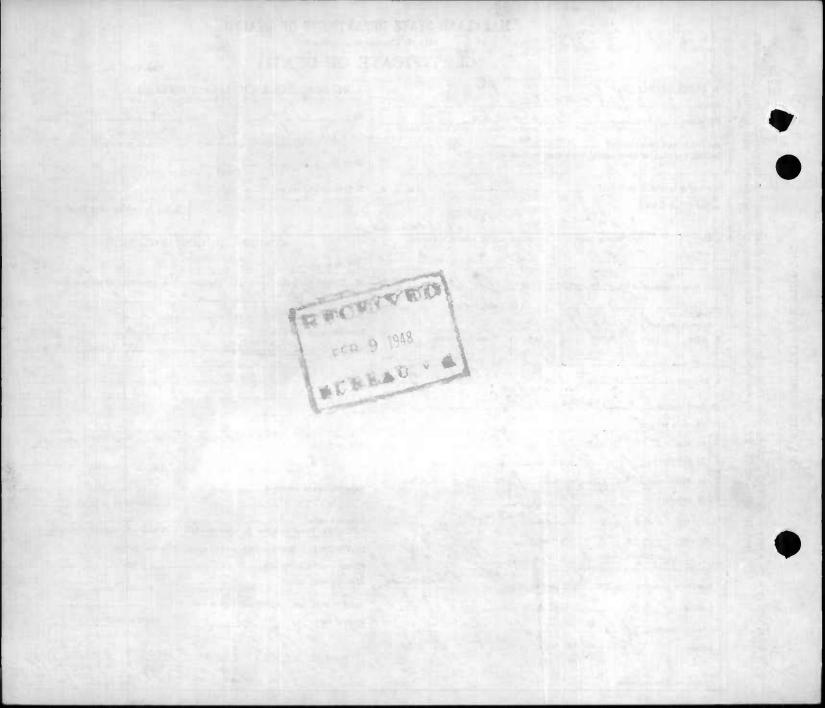
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newbook infants give residence of mother)
Plu ar lowe K W weishing	State County / County
City or town (If outside city or town limits, write RURAL and give nearest town)	Russ Vocasion, CO-MI
How long la above place of death?	Cliy or town
Kospital, Institution, or street address where death occurred:	
	Street Ko
***************************************	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1 Home int 1 740 :	J. (v) Social Security Humber
Contract of Municipal	
4. Ser 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
0 15 (1) 1	11/11 11/11
a aragray.	20. DATE OF DEATH TPLY 19 B at M
1/2 mg 16 Mm - 10	21. I CERTIFY Abat death occurred on the date above stated; that Taitorded deceased from
6.(b) Hamo of husband or wife	11/11.14 47 241
years	19. 7. 10
7. Birth date of	and that I last saw h. 12 alive on
deceased (mo., daf, yr) / 21// 62	Immediate cause of death
8. AGE; Years Monthy Days If less than one day	monares Celus.
7 (n) 2 / ?hrsmin.	
9. Birthplace Ocean Child oceales Co Ma	Due to
Town, county, and state)	
10. Usual occupation	
10. 0301 000	Due to
11. Industry or business	f. J
12 Name Levelter / Meles	John Mann Lit
E 2	Diher conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden oame Ply afect Jadean	(Include pregnancy within a months of death)
5 7001	Majar findings of operatious
14. Maiden oame	Date of op,
No- CR Issace 1	
16. Informant	Autopsy results
Address - Pressent City 1	
Karale TILIVE	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal Which?) Date thereof (dow) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, which	
Cemetery or crematory	Where did lojury occur?
Location Thear I ocomogy Cat. Mr	injured at home, farm, Industry, public place (where?)
Location	
18 Swand disable Lopenny & Woldon	Means of Injury tojured at work?
18. Funeral director	
Address Joessowske City Mide	-// R AN much What
D1 10 1 5 MIL	23. SIGNATURE. M. D. or other
19. Jel. 6 1940 Anne Colline	(1- 1) Columba 21040
(Date rec'd by registrar)	Address Dete signed To



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an

Rog. Diat. No. 350

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	Slate Maryland County Zavorestee
(If outside city or town limits, write RURAL and mye nearest town)	State County County
How long in above place of dealth?	City or lown
Hospital, Institution, or atreet address where death occurred:	
nooptial months of the control of th	Sireel No. (if rurat, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number 2/8-05-8530
Frank of Vulley	C 218-00-8030
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mala white mound	20, DATE OF DEATH Sebruary 29,19 48, 1 6 256
there were the	21. I CERTIFY that death occurred on the date above alated; that I attended specuaed from
6.(b) Name of husband or wife	21. I CENTIFY that seath occurred on the date above states; that I attended above act that I attended act that I attended above act that I attended above act that I attended ac
6.(c) It alive, give age 55 yeara	
7. Birth dala of	and that I leat asw hadd alive on
	Immediate causer of death DURATION
6. 10.	Chellraf Gemarinage 2 wh
le 10 12min.	
9. Birthplacounal Tocomohe, Workelles Toldy	Due to Hyperlus M Cacolo
(Town county, and state)	- Mascular Disease 4-75
10. Usual occupation Mason Cannery Labor	Due to
11. Industry or business	
12. Name I Lawring Coulter	Diher conditions
FI FI A	
13. Birthplace	(Include pregnancy within 3 months of death)
The mount is a second s	Major findings of operations
15. Birthplace Market Annie	Dale of op.
16. Informan Mes Espera Chelleger	Aptopsy results Worl
1/10	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address tocomores Ma	22. VIOLENCE: It death was due to external causes, till in the following:
(Burlal, eremation, or removal, Which?) Bale thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Comelery or cremalory	
Locallon Documental May	Injured at home, farm, Industry, public place (where?)
16 - no istelle i atom	Meena of Injury Injured at work?
18. Funeral director	S. U. H. MIC
Address Cooperate Man	23. SIGNATURE Days J. Alewelly, M. N.
March 2 48 anno E. Thite	13. Signature M. Dorother
19. (Date rec'd by registrar) Registrar	Address Tocomoss Cy Male signed 3 1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 5 1948

BUREAU Y. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

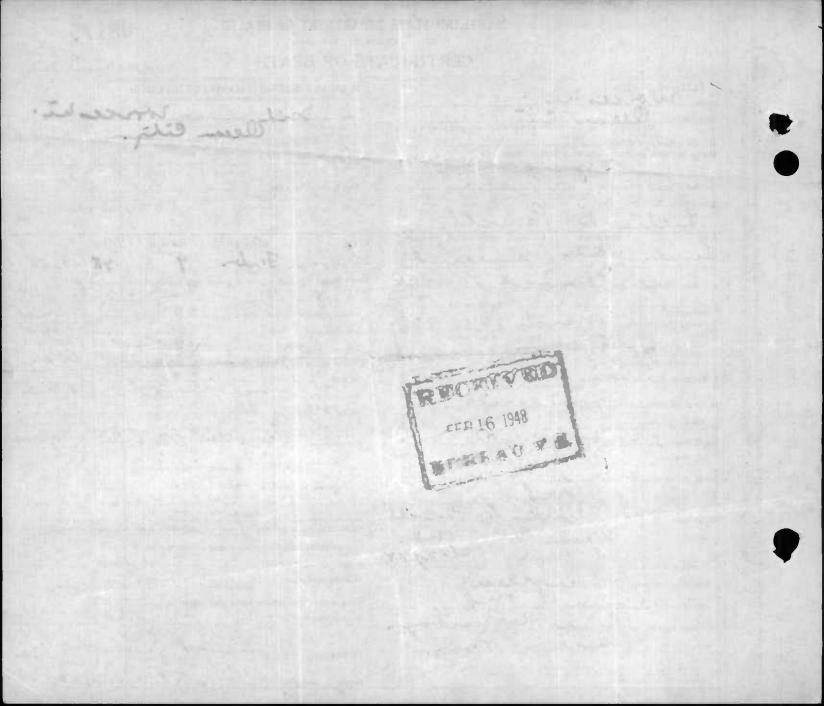
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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			-	-	-
AU.	Illiat.	No.		-	

-f	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Worce Co.	
City or town	State County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
50 years.	(If rural, give LOCATION)
How long in hospital or institution?	2.(2) If veteran, name war
Lillie D. Powell.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tenale white manuel	20. DATE OF BEATH. 3. 4:05 .
6.(b) Name of husband or wife Charles & Sowell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 9 1948, 10 7 2 9 1948
7. Birth date of	and that I last saw head alive on 7 40 9 18 48
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
76 10 27	Central Embolism 9 hours
/3 / 0 2 / hrsmi	1. Pulmany Emboline 4 days
9. Birthplace	Due to.
10/0	Corenary occherion 1 mo.
10. Usual occupation	Due to.
11. Industry or business	
12. Name. Musics Wyull.	Other conditions Acceptains Mallitus 948100
	(Include pregnancy within 8 months of death)
14. Malden name Europe Powell.	Major lindings of operations
15. Birthplace	Major lindings of operations. Date of op.
18. Informant me Charles & Powell	· · · · · · · · · · · · · · · · · · ·
(D 0'1- 'D 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Can Cuty Out.	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
2 0 - 0 m	(City or town) (County) (State)
Location 2 2	Means of Injury to Means of Injury
18. Funeral director dura the Surlay	Incare of many
Address Berlin, ml	1 Hutemas MA
2-12 40 11 8 11 11	23. SIGNATURE
(Date ree'd by registrar)	at Address Ocean City, M. A Date signed 12 Feb 48



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Rog. Diac. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County War Car Car	
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Hospital, Institution, or street eddress where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	O 3. (b) Social Security Number
William Joseph Ton	pey dr.
4. Sex 5. Color or race 6. Single, married, whowed, or divorced	MEDICAL CERTIFICATION
male white married.	20, DATE DE DEATH 2 9th File 1848 at 7 50. M
8.(b) Name of husband or wife Tallia D. JURPEY	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	ma 15 1977 10 Fell 29 18 48
7. Birth date of 1. Sirth date of 1. Sir	and that I last saw h / ") alive on 25% File 18 8-9
7. Birth date of deceased (mo., day, yr.) 6-26-55	Immediate gause of death Hyportalia DURATION
8. AGE: Years Months Days It less than one day	Indiana de la contraction de l
62 6 26nismin.	
Philadellia	- Paredo hellor andless /B-
9. Birthplace	Due to sundo har har harman
10. Usual occupation Confections	Me attended Contini
11. Industry or business	Due to
	Carren di see de die con
12. Name Oseph Torpa 13. Birthplace	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. J (Tulique O' Haulon 15. Birthplace O reland	Major findings of operations.
15. Birtholace Oreland	Major Hadings of operations. ———————————————————————————————————
no millio Jonan	
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Plalen First	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Dale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Cas in the up time, pain	Injured at home, farm, industry, public place (where?)
18. Funeral director Pura A. Burber	Means of Injury Injured at work?
01. 51	1/2 1/1 2 ~
Address (See 1997)	23 SIGNATURE PERSONAL RAPPUS &
193-3- 1948 Olelen H. Hauria	to the faller had M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Mary Date signed Mary

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

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1. PLACE OF DEATH:

How long in above place of death?.....

How long in hospitat or Institution? 3. (a) FULL NAME

6,(b) Name of husband or wite.

Years

7. Birth dats of deceased (mo., day, yr.)

10. Usual occupation

8. AGE:

Hospitai, Institution, or street address where death occurred:

PL, is e

RITE

Cemetery or crematory Hall's Hill	
Jecation Pacamake City, Md.	
8. Funeral Sector Charles H. Mard.	
Address Marion Star M.	
Feb. 20 19 48 anne Estat	0
(Date rec'd by registrar)	ar

(If outside city or town limits, write RVRAL and give nearest town)

Days

6.(c) If alive, give age

if less than one day

.. hrs.

	2. USUAL RESIDENCE (HOME) UF DECEASED: (For newborn infants give residence of mother)
	State County Walletter
	City or town
	Street No
	2.(a) if veteran, name war
	3. (b) Social Security Number
	212-18-6584
N	MEDICAL CERTIFICATION
(e)	20. DATE OF DEATH. Feb. 18 48 21 5 77
	21. I CERTHY that death occurred on the date above stated: that I attended decessed from
ears	June 10 46, 10 7 7-18 19 48
- a1 5	and that Plast ssw hannalive on T-26 19
	Immediaje cause of death DURATION DURATION
nin.	+ Illuteral Turocles: 374
	Due to
	Dus to
	Diher conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations. Date of op.
7	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
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	Injured at home, farm, industry, public place (where?)
	Msans of Injury Injured at work?
	· 1 10. 1. 14
1	23. SIGNATURE OUS J. Allwelyn, Mile

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BUREAU V. S.